

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacists  
Managed Care Organizations

**Memorandum No: 06-83**  
**Issued:** October 25, 2006

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information, contact:**  
<http://maa.dshs.wa.gov/pharmacy/>

**Subject: Prescription Drug Program: Maximum Allowable Cost Update**

**Effective for dates of service on and after December 1, 2006,** the Health and Recovery Services Administration (HRSA) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) list; and
2. Adjustments to existing MACs; and
3. Deletions from the MAC list.

**1. MAC Additions:**

Generic Name	Strength	Form	MAC Effective 12/01/06
ALBUTEROL SULFATE HFA (8.5GM SIZE)	90MCG	AER W/ADAP	\$3.54500
CEFPROZIL	500MG	TABLET	\$4.95020
CITALOPRAM HYDROBROMIDE	10MG/5ML	SOLUTION	\$0.38160
HYDROCODONE BIT/ ACETAMINOPHEN	2.5-167MG/ 5ML	SOLUTION	\$0.02580
OXYCODONE HCL	5MG/5ML	SOLUTION	\$0.04950
PERMETHRIN	5%	CREAM	\$0.13720
PROPAFENONE HCL	150MG	TABLET	\$0.27430
PROPAFENONE HCL	225MG	TABLET	\$0.42700
RIFAMPIN	300MG	CAPSULE	\$1.28970

2. **MAC Adjustments:**

<b>Generic Name</b>	<b>Strength</b>	<b>Form</b>	<b>MAC Effective 12/01/06</b>
AMOX TR/POTASSIUM CLAV	875-125MG	TABLET	\$1.32210
CLARITHROMYCIN	250MG	TABLET	\$0.98720
CLARITHROMYCIN	500MG	TABLET	\$0.93630
DICYCLOMINE HCL	20MG	TABLET	\$0.05670
LISINOPRIL	5MG	TABLET	\$0.04290
LISINOPRIL	10MG	TABLET	\$0.04860
LISINOPRIL	20MG	TABLET	\$0.07530
LISINOPRIL	30MG	TABLET	\$0.18000
LISINOPRIL	40MG	TABLET	\$0.13020
OXYCODONE HCL	20MG/ML	ORAL CONC	\$0.52430
OXYCODONE HCL/ ACETAMINOPHEN	7.5-325MG	TABLET	\$0.41040
OXYCODONE HCL/ ACETAMINOPHEN	7.5-500MG	TABLET	\$0.43150
OXYCODONE HCL/ ACETAMINOPHEN	10-325MG	TABLET	\$0.50900
PROMETHAZINE HCL	12.5MG	SUPP RECT	\$0.68420

3. **MAC Deletions:**

<b>Generic Name</b>	<b>Strength</b>	<b>Form</b>	<b>MAC Effective 12/01/06</b>
INSULIN NPH HUMAN RECOM	100U/ML	VIAL	\$0.00000
MECLOFENAMATE SODIUM	50MG	CAPSULE	\$0.00000
MECLOFENAMATE SODIUM	100MG	CAPSULE	\$0.00000
PROMETHAZINE HCL	50MG	SUPP RECT	\$0.00000

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To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.